

Child's Name _____

Sunblock Brand and SPF Value: **Waterbabies** – SPF 50 (UVA-UAB)

As the parent or guardian of the above named child, I recognize that too much sunlight may increase my child's risk of getting skin cancer some day. Therefore, I give my permission for KWECC personnel to apply the sunscreen listed to my child. I understand that sunscreen will be applied to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs.

Staff will assist and supervise application as needed. Sun block will be applied 30 minutes before exposure to sun between the hours of 10 AM and 4 PM.

I have checked all applicable information regarding the use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.
- Staff may use Waterbabies-SPF 50 on my child, following the directions and recommendations on the bottle. A charge will be applied to my account for sunscreen.
- My child is allergic to some sunscreens.
Please use the following brand of sunscreen that have supplied:

- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body

Parent/Guardian Signature

Date